



ATTITUDE OF THE NURSES TOWARD SELF HARMING CLIENTS'

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ABSTRACT

This review gives the useful results for the attitude of nurses towards self harming clients and present various factors that affect the attitude of nurses for self harming clients like work pressure, previous experience and any specialized training. The main aim of the study is to explore the attitude of nurses towards self harming clients. Method: The initial workout starts with the qualitative research review literature. The qualitative studies are suitable to explore the attitude of nurses towards self harming clients. A literature review was completed in which search done from PubMed, EBSCO, DELNET etc., using key words such as self-harm, experience, attitude of nurses. Those were focusing from 2000-2016 in which around 40 published articles investigating the experiences of nurses while caring for self harming clients. From these articles, 8 articles are selected which are included in the narrative review. The studies review found and narrative review was prepared.

THE RESULTS: The review identified the degree of attitude among nurses for self harmed clients. Mostly the nurses who had specific training in dealing with self harming clients have a positive attitude towards self harming clients then who don't have. This attitude is influenced by knowledge and years of experience with self harmed clients.

CONCLUSION: Attitude of the nurses towards self harming is variable and it completely depends upon on the factors, e.g. knowledge, specialized training, years of experience with these clients, work pressure. So all nurses need specific training to deal with these clients, so that they will be competent while these clients.

KEY WORDS: self harm, deliberate self harm, attitude of nurses, qualitative study.

1. INTRODUCTION:

An individual event of self-harm might be an attempt to end life. Self harm can be defined as the way of adjusting /coping with problems, but not in healthy way it's the unhealthy way in which the person has opted. The WHO estimates that, as of 2010, 880,000 deaths occur as a result of self-harm. This deliberate self harm is very common in developing countries. Self-harm is the top reason for adolescent or youth deaths in India causing close to 60,000 deaths annually in the age group of 15-24 years. And it became one of the biggest reasons for disability among youth. Self-harm become more common in the young peaking between the ages of 15 and 19 years in females and 20 and 24 years in males. Self-harm prevalent in all sections of the population but is more common among people who are disadvantaged in socioeconomic terms and among those who are single or divorced, live alone, are single parents or have a severe lack of social support (Meltzer et al, 2002)

Self harm includes suicide, attempted suicide or any form of self-inflicted wounds. The findings of the study conducted by the institute for Health Metrics and Evaluation (IHME, 2013) The data shows self-harm has increased rapidly over the last two decades, indicating a rise in stress, mental disorders and changing lifestyle and behavioral patterns. In 1990, self-harm caused a total of 37,630 deaths among youngsters between 15-24 years age.

The number of individuals who die by suicide each year in India alone is more than the total number of suicides in the four top ranked European countries combined (Gunnell et al, 2007). India is in 2nd place of self harm and suicide after the China. (Patel et al 2005). Much of the research evidence has indicated that the unfavorable attitudes among health care professionals like doctors and nurses influences perceived by clients hitting more self harm.

1.1 Need for assessing attitudes of nurses towards self harming clients:

There are many studies which show that there is a need to assess the attitude of nurses towards self harming clients. There is a lack of evidence which support that attitude can be corrected with knowledge and particular strategies. The early foundation for building attitude is the cultures, beliefs and morals of the people or nurses. This article is based on a review of the literature. It includes articles that concern both general and mental health nurses who work in various health care settings e.g. acute inpatient wards, community mental health, medical admission units and emergency departments.

Taylor, Hawton, Fortune, & Kapur 2009 found the positive perceptions in nurses, but the people who self harmed themselves; felt that the staff attitude is negative and punitive to them.

C. Wilstrand, B.M. Lindgren et al 2007, seen that nurses have a negative attitude towards self harming clients with fear and anger. The nurses also had a lack of knowledge and understanding regarding the patient's problem and to care the cli-

ents. There is an intense need for qualitative studies to allowing the interpretation of the findings and generate and explore the existing attitude and the attitude which is to be corrected, like things can only be improved the time they are being noticed.

1.2 Aim: The aim of this review is to identify the attitude of nurses towards self-harming clients.

1.3 Objective:

- To explore the attitude of staff nurses towards self-harming clients.

2. METHODOLOGY:

2.1 Search strategy method:

An electronic search of 40 published articles in the PUBMED, DELNET and EBSCO. Most of the studies selected for this review are qualitative studies. The search was restricted to English language only. By using these sources 40 studies are selected. From these 40 studies 9 are removed because of duplicity and the other 19 articles are not full text. After removing the articles, left 12 articles are screened. 4 full text articles are removed because of not fulfilling the criteria. The eligibility criteria for including studies dealt with these: 1) Nurses who had experience with self harmed clients 2) Nurses attitude towards self harming clients 3) Health care professional attitude towards self harm.

2.1.1 Types of studies:

Qualitative studies with these designs: (Interpretive phenomenological, descriptive and exploratory, cross-sectional design).

2.1.2 Type of participants:

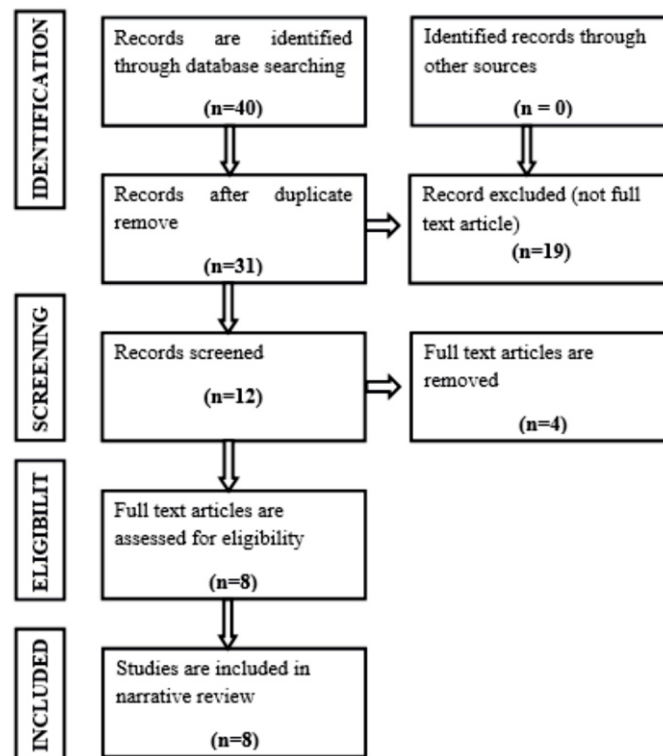
Staff nurses, psychologist, doctors and student nurses.

2.1.3 Settings:

Hospitals and academic institutions

3.RESULT

3.1 PRISMA CHART



3.2 Table no. 1: Data extraction table

Sl. No & author name	Design	Title/ Problem statement	Place & year of research	Variables	Tools	Duration (Minutes)	Outcomes	Conclusion
1. C. Wilstrand, B.M. Lindgren, F. Giljs & B.Olofsson	Qualitative	A qualitative study of nurses' experiences caring for Patients who self-harm.	Sweden, 2007	Experiences of the nurses with self harmed clients.	Narrative interview	40-50	Nurses are pile up with the feelings of frustration working along with self-harming clients. Nurses managing their personal and professional boundaries between self and patient.	Education and training of nurses is important not only for nurses but for improving the care concerns of the clients. This will make the nurses more competent and skill full for dealing with self harm clients.
2. Andrew R. Thompson, Jane-Powis, Angela Carradice.	Qualitative	Experiences of Community and psychiatric nurses' working with people who engaged in self-harm.	Sutton hospital of U.K., 2007	Experience of the community psychiatry nurses to self harming clients.	semi-structured interview	40-60	It was analyzed that, for nurses, it was very difficult to maintain the professional boundaries. They are using variety of coping mechanism to perform their work towards these clients.	Nurses are caring for self harming clients and they didn't show any degree of attitude towards these patients. But nurses are been challenged to provide care to such clients.
3. Margaret McAllister, 1. Wendy Moyle, 2. Stephen Billett, 3. Melanie Zimmer-Gembeck.	Qualitative study. Mixed method pretest –posttest group design was used.	Qualitative study on the emergency nurses who are caring for self harm clients.	3/April .2009	Emergency nurses attitude for self harm clients.	interview	-	The results shown nurses are having positive attitude or they are developing positive attitude. Nurses striving to understands about self harm.	Emergency nurses are caring for self harming clients. And learning how to deal with these clients. And there is increase in their knowledge about caring for such clients. Nurses are having positive attitude to influence such clients so another attempt will be prohibited.
4. Randi Tofthagen, Anne-Grethe Talseth, and Lisbeth Fagerström.	Qualitative exploratory and descriptive design.	Mental Health Nurses' Experiences of Caring for Patients who self-Harmed	Norway, 2012	Experience of nurse caring for clients.	Semi-structured interviews	45-90	Nurses are challenged for caring these clients. Its difficult to maintain nurse-patient relationship. Nurses promoting their self esteem by promoting the well-being.	The nurses should always be at the place of promotion, rehabilitation of health of the patients and that has to be reflected in the care of the client.

5. Dr.Peter Thomas Sandy and Dr. David G Shaw	Phenominological study.	Attitudes of Mental Health Nurses to Self-Harm in Secure Forensic Settings.	London, 2012	Attitude of mental health nurses towards self harm.	Indepth interviews	45 – 60	This study has evolved with many of the findings. Positive as well as negative also. e.g of positive attitude are feeling of acceptance, readiness, need for training etc. negative attitude like rigid approach, blanket approach etc.	The attitude of nurse may persuade the self harming behaviour. So nurses has to be equipped with enough amount of knowledge and should be aware approaching way to client.
6. Mamta Nebhinani, Naresh Nebhinani, L. Tamphasana, and AchlaD. Gaikwad	Cross-sectional design.	Nursing students' attitude towards suicide attempters.	North India in May 2012.	Nursing students attitude towards suicide/ self harming.	Likert scale	-	According to students onlt those people attempt self-harm who had problems in relationship, love failures or suffering from depression. These patients are impulsive and self-punitive. Self-harming patients don't find hope in living life.	Suicide is unpredictable behavior, and reflects, many health problems in patient. Self-harming clients are challenge for the health system. This challenge to health care professionals make them to exhibit negative attitude towards self-harming clients.
7.Steven.Jones, Dr.Murali, Krishna, Dr Raj gopal, Paul Keenan.	Interpretive phenomeno-logical	Nurses attitudes and beliefs to attempted suicide in Southern India.	Mysore, Southern India, 2014	Attitude and beliefs of nurses towards suicide	Semi-structured interviews	-	In this study the care of the client is influenced by the nurse's culture and their religious factors.	The nurse's care is directly influenced by their religious practice and culture. So this study more focuses on educational qualification and competency which are to be gained by the nurses.
8. Claudia Obando Medina, Gunnar Kullgren,Kjerstin Dahlblom.	Qualitative design	Primary health care professional's perceptions of mental health, suicidal problems and help-seeking among young people.	León, Nicaragua At 3 PHC, 2014	Professional's Perception of mental health suicidal problem.	Un-structured observation and semi-structured interviews conducted in urban PHC.	-	Nurses and doctors are reluctant for caring adolescents. Many difficulties and problems are faced by them and they are not interested for caring them in any aspect like physically and spiritually.	Nurses should always be trained in a way so that they are aware how to discuss the sensitive issue and they will be giving the way of acceptance to client.

4. FINDINGS

This review is completely focused on the attitude of nurses towards self harming clients. So it's been found that there is the presence of certain degree of attitude. Few studies support that nurses are having positive attitude due to their knowledge and years of experience while dealing with such clients. Especially the nurses who are having any specialized training in dealing with such clients have soft corner and empathetic behaviour towards such clients.

And a few studies showed that nurses are having a negative attitude towards self harming clients. After analysis the data are divided into three categories:

POSITIVE ATTITUDES

Emergency nurses are caring for self harmed clients and their knowledge is increased while caring for them. They have shown a positive attitude towards self harming clients (Margaret McAllister, Wendy Moyle, Stephen Billett, Melanie Zimmer-Gembeck 2009). Whereas few studies are shown nurses haven't certain degree of attitude, but they are challenged to provide care self-harming clients (Andrew R. Thompson, Jane-Powis, Angela Carradice 2007).

NEGATIVE ATTITUDES

Few studies supported that the staff is having the negative attitude towards self harming clients and putting the clients on risk to attempt self harm again (Mamta Nebhinani, Naresh Nebhinani, L. Tamphasana, and AchlaD. Gaikwad 2012). Health professionals are having certain degree of attitude and mostly they are negative attitudes (Dr.Peter Thomas Sandy and Dr. David G Shaw 2012).

CHALLENGED WHILE DEALING WITH SELF-HARMING CLIENTS

Nurse's are afraid of patient's life threatening actions or burdened with emotions and they are managing with their personal and professional boundaries (C. Wilstrand, B.M. lindgren , F. gilj C. B .Olofsson 2007). Nurses haven't shown degree of attitude but they are challenged to provide care self harming clients (Andrew R. Thompson, Jane-Powis, Angela Carradice 2007). The health care per-

sonnel's are lacking in taking care of self harming clients and also want change in policies of taking care of the clients (Claudia Obando Medina,Gunnar Kullgren, Kjerstin Dahlblom 2014). Nurses are working in so challenging situation and promoting their health but also effected emotionally (Randi Tofthagen, Anne-Grethe Talseth, and Lisbeth Fagerström 2012).

5. DISCUSSION

Self harm or deliberate self harm is the way of harming self in order to copying with stress which can be attempted in many ways (cutting self, withdrawing blood from the body, strangulations on the body, head banging etc) which may lead to suicide also. Nurses who are having special training in taking care of self harmed clients have positive attitude than the nurses who don't have. And at a level nurses did not shown any attitude instead of they are challenged and emotionally burdened to provide care to self harmed clients.

In summary findings shows that the nurses are having degree of attitude towards self harming clients. And it is been proven with many studies that mostly nurses are reluctant to provide care to self harming clients. Nurses are emotionally pile up and also challenged to take care of the self harmed clients. To improve the attitude and care given by nurses, special training has to be provided and policies need to form for selfharming clients.

6. CONCLUSION

The studies on the attitude of the nurses towards self harming clients, 60 % nurses are reluctant to deal with such clients and have degree of attitude neither negative nor positive. Because they are not specialized in dealing with self harm clients and they are not confident enough to manage self and clients. So they need specialized training to care self harming clients so that they are able to manage personal and professional boundaries and not feel challenged while caring for these clients. This training will help the nurses to convey the degree of acceptance and positivity in a way like (empathetic, engagement, optimism and readiness to take the responsibility.

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